



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

**GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953**

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-28, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name Marion General Hospital (EAST)	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) 7-11-25	ID # 27
Establishment Address (number, and street, city, state, ZIP code) 911 Marion Health Drive			
Owner Marion General Hospital Inc	Purpose: 1. Routine	Follow-up NO	Release Date
Owner's Address Marion	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) 	Summary of Violations: P A B C	
Person in Charge ANNA	Menu Type (See back of page)		
Responsible Person's E-mail 	1 2 3 4 5		
Certified Food Handler Suzanne Ganshoff ANNA MCINTOSH 5-2030			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Received by (name and title printed):

Received by (name and title printed).
Anna Alcosta

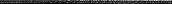
Inspected by (name and title printed):

Inspected by (name and title)
DeWitt SRA

Received by (signature):

Received by (signature):
Alexa Alcuta

Inspected by (signature):

Inspected by (signature):
 Sean Bell  FSTC

CC:

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